



RECEIVED

2012 APR 12 AM 11:28  
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TO: Christopher Morse  
Federal Election Committee

FROM: Ohio Ambulance and Medical Transportation Association PAC

DATE: 4 April 2012

RE: Quarterly Report

The enclosed FEC report (Quarterly) replaces the previous Ohio Pre-primary report dated 2/23/2012.

12030772037

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2012 APR 12 AM 11:28

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

OHIO AMBULANCE AND MEDICAL TRANSPORTATION  
ASSOCIATION PAC

ADDRESS (number and street)

5613 STOCKTON WAY

Check if different  
than previously  
reported. (ACC)

DUBLIN

OH

43016-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000383596

3. IS THIS  
REPORT

NEW  
(N)

OR

AMENDED  
(A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

July 15  
Quarterly Report (Q2)

October 15  
Quarterly Report (Q3)

January 31  
Year-End Report (YE)

July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

In the  
State of

(d) 30-Day

POST-Election

Report for the:

General (30G)

Runoff (30R)

Primary

Special (30S)

Election on

In the  
State of

5. Covering Period

01 01 2012

through

03 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David Viola

Signature of Treasurer

*David Viola*

Date

04 06 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ohio Ambulance and Medical Transportation Association PAC

Report Covering the Period: From: 01 / 01 / 2012 To: 03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <small>Y Y Y Y</small>		\$ 10,131.48
(b) Cash on Hand at Beginning of Reporting Period.....	10,131.48	
(c) Total Receipts (from Line 19) .....	Ø	Ø
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	10,131.48	10,131.48
7. Total Disbursements (from Line 31) .....	400.00	400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	Ø	Ø
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	—	—
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	—	—

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

12030772039

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ohio Ambulance and Medical Transportation Association PAC

Report Covering the Period: From:

To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	Ø	Ø
(i) Itemized (use Schedule A).....	?	?
(ii) Unitemized .....	?	?
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	?	?
(b) Political Party Committees .....	?	?
(c) Other Political Committees (such as PACs).....	?	?
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶	?	?
12. Transfers From Affiliated/Other Party Committees.....	?	?
13. All Loans Received .....	?	?
14. Loan Repayments Received.....	?	?
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	?	?
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	?	?
17. Other Federal Receipts (Dividends, Interest, etc.).....	?	?
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	?	?
(b) Levin Funds (from Schedule H5) .....	?	?
(c) Total Transfers (add 18(a) and 18(b))..	?	?
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	Ø	Ø
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	?	?

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# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0	0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	400.00	400.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2, 1, 0	2, 1, 0
34. Total Contribution Refunds (from Line 28(d)) .....	1, 2, 0	1, 2, 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2, 2, 0	1, 2, 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2, 1, 0	2, 2, 0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	2, 2, 0	2, 2, 0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2, 2, 0	2, 2, 0

12030772042

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)			PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Ohio Ambulance and Medical Transportation Assn. PAC*

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

, , \*

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

, , \*

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

, , \*

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

, , \*

12030772043

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Ohio Ambulance and Medical Transportation Assn. PAC*

Full Name (Last, First, Middle Initial)

A.

*Ohio House Republican Org. Committee*

Mailing Address

*4679 Winterset Drive*

City

*Columbus*

State

*OH*

Zip Code

*43220*

Purpose of Disbursement

*contribution*

Candidate Name

*011*  
Category/  
Type

Date of Disbursement

*02 / 03 / 2012*

Amount of Each Disbursement this Period

*400.00*

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

State: *OH*

District:

*fundraiser*

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Date of Disbursement

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Date of Disbursement

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

*400.00*


TOTAL This Period (last page this line number only).....▶

*400.00*



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fed Ex</i>	Shipping Date <i>4/10/12</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
**PREPARER**  
(3/2005)

*4/12/12*  
**DATE PREPARED**

12030772045